

222

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly class'f. If any item c... it be obtained insert the word "unkno". Make every effort possible to se... this information. Incorrect certificates will be returned for correction.

# Arizona Territorial Board of Health BUREAU OF VITAL STATISTICS

## ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH  
COUNTY Mo hore  
DISTRICT Kingman  
TOWN  
OR CITY

TERRITORIAL INDEX NO. 811  
COUNTY REGISTERED NO. 1214  
ST. LOCAL REGISTRAR'S NO. 45

FULL NAME Nazaire Gardner

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>M</u>	COLOR or RACE White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Mexican <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> or DIVORCED <input type="checkbox"/>	<u>8</u>
DATE OF BIRTH <u>1868</u> (Month) (Day) (Year)			
AGE <u>57</u> yrs. — mos. — days If less than 1 day hrs. or min.			
OCCUPATION (a) Trade, profession or particular kind of work <u>Miner</u> (b) General nature of industry, business, or establishment in which employed (or employer).			
BIRTHPLACE (State or country) <u>Canada</u>			
PARENTS	NAME OF FATHER <u>John Gardner</u>		
	BIRTHPLACE OF FATHER (State or country) <u>Canada</u>		
	MAIDEN NAME OF MOTHER <u>May Louise Gismo</u>		
BIRTHPLACE OF MOTHER (State or country) <u>Canada</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant) <u>Am Cowie</u>			
(Address) <u>Kingman</u>			
PLACE OF BURIAL OR REMOVAL <u>Kingman</u>		DATE OF BURIAL OR REMOVAL <u>Mar 21</u> 191 <u>2</u>	
UNDERTAKER <u>Vaukwater</u>		ADDRESS <u>Kingman</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>March 19</u> 191 <u>2</u> (Month) (Day) (Year)	
I hereby certify, that I attended deceased from <u>March 13</u> 191 <u>2</u> to <u>March 19</u> 191 <u>2</u> ; that I last saw him alive on <u>March 19</u> 191 <u>2</u> and that death occurred on the date stated above at <u>Sta. M.</u> The DISEASE or INJURY causing Death was as follows: <u>Tuberculosis</u>	
(Duration) yrs. mos. days	
Was disease contracted in Arizona? <u>yes</u>	
If not, where?	
CONTRIBUTORY (Duration) yrs. mos. days	
(Signed) <u>Am Cowie</u> M. D.	
191 <u>2</u> (Address) <u>Kingman</u>	
*In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
LENGTH OF RESIDENCE At place of death yrs. mos. ds. In Arizona yrs. mos. ds.	
Former or Usual Residence	
Filed <u>March 27</u> 191 <u>2</u> <u>Am Cowie</u> Local Registrar	
Filed <u>Apr 10</u> 191 <u>2</u> <u>John R. White</u> County Registrar.	